

# I.M.P.A.C.® CALIFORNIA APPROVING OFFICIAL ACCOUNT UPDATE

Check all applicable boxes

☐ CHANGE ☐ CANCEL

**NOTE: ALL BOXED AREAS MUST BE COMPLETED IN ORDER TO PROCESS**

**APPROVING OFFICIAL NAME** \_\_\_\_\_  
(Name as it appears on bank card file)

**ACCOUNT NUMBER 4055 - 01** \_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_

**FILL IN ONLY THE INFORMATION BELOW THAT IS TO BE CHANGED - PLEASE PRINT OR TYPE**

**DEPT/OFFICE/AGENCY NAME** \_\_\_\_\_ (Max 30)

**A/O NAME** \_\_\_\_\_ (Max 12/1/17)  
(First name, middle initial, last )

**ADDRESS ONE** \_\_\_\_\_ (Max 30)

**ADDRESS TWO** \_\_\_\_\_ (Max 30)

**CITY** \_\_\_\_\_ **STATE** CA

**ZIP +4** \_\_\_\_\_ **PHONE** (\_\_\_\_) \_\_\_\_\_

**FAX** (\_\_\_\_) \_\_\_\_\_

**OFFICE LIMIT \$** \_\_\_\_\_ (Up to \$999,900 in \$100 increments)

**Input Submitted by: APC**

|                             |                    |
|-----------------------------|--------------------|
| <b>Authorized Sig</b> _____ | <b>Name</b> _____  |
| <b>Address</b> _____        | <b>Phone</b> _____ |
| _____                       | <b>Date</b> _____  |
| _____                       |                    |

**I.M.P.A.C. Card Services Use Only**  
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**Rec'd Date** \_\_\_\_\_  
**Input/Verify Date** \_\_\_\_\_

**Reject Reason:** ☐ Need A/O Acct# or A/O Setup  
☐ Need Authorized Signature  
☐ Missing Information

**SEND TO: I.M.P.A.C. Card Services, P.O. Box 6346, Fargo, ND 58125-6346**  
**PHONE: 1-800-227-6736 FAX REQUESTS TO: 701-461-3910**